

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
14 APR 27 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000030328**

1. Limited Liability Company's Name  
**Palmetto Avenue LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
**2200 Via Luna**

3. Mailing Office Address  
**2200 Via Luna**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Winter Park FL**

City & State  
**Winter Park FL**

Zip Country  
**32789 USA**

Zip Country  
**32789 USA**

4. State/Country of Formation  
**Florida USA**

5. Date Organized or Qualified  
To Do Business in Florida **3/25/08**  
9/25/2009

6. FEI Number  
**none**

☐ Applied For  
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Sandra J Lee**

Street Address (P.O. Box Number is Not Acceptable)  
**2200 Via Luna**  
Suite, Apt. #, Etc.

City  
**Winter Park, FL**

State Zip Code  
**FL 32789**

**700259435007**  
**04/24/14--01035--006 \*\*937.50**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent **Sandra J Lee**  
REGISTERED AGENT MUST SIGN

Date **4/22/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Sandra Lee	2200 Via Luna	Winter Park, FL 32789

**REINSTATEMENT**

**2009 - 2014**

**S. HAWKES**

**APR 25 A.M.**

**EXAMINER**

11. E-mail Address: **jlee59@cfl.rr.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of  
Authorized Representative/Manager **Sandra J Lee** Date **4/22/14** Daytime Phone # **407 740-5063**

Typed or printed name of signing Authorized Representative/Manager **Sandra J LEE**